

Site Name: Wetland/B1-Dry

SITE SAFETY FOLLOW UP REPORT

8701-63-25

ORIGINAL
(Red)

Actual Date of Work: February 24, 1987

Actual Site Investigation Team:



NUS Personnel:

(b) (4)

Responsibilities:

SITL
ASITL/50

Other:

Purpose:

PERSONAL PROTECTIVE EQUIPMENT

a. Level of Respiratory Protection Used

Level D

Activity Performed

Preliminary Assessment -
Interviewed plant supervisor,
walked the property,
took photos, made observations

b. Field Dress

Safety boots / work clothes

Activity

Preliminary Assessment
as above.

MONITORING EQUIPMENT

a. HNU

- o Background reading
- o Readings above background
- o Location of high readings

0.5 ppm
yes, 50 ppm
at bung opening of one
drum located amongst
approx. 200 located in
storage area. No readings above background
in breathing zone. Team members backed
off and observed drums from a distance.

b. Radiation

- o Readings above background? Yes X No
- o If yes, specify where readings were found and what action was taken.

GENERAL SAFETY

a. Were any safety problems encountered while on site?

Explain: No safety problems encountered at
site.

TDD No.: F3-8701-67

Site Name: Wethers/Bil-Dry

ORIGINAL
(Red)

Accident Report Information

- | | Yes | No |
|---------------------------------------------|-------|----------|
| a. Did any team member report: | | |
| o Chemical Exposure | _____ | <u>X</u> |
| o Illness, discomfort, or unusual symptoms | _____ | <u>X</u> |
| o Environmental Problems (heat, cold, etc.) | _____ | <u>X</u> |

b. Explain:

c. Was an Employee Exposure/Injury Incident Report completed?

___ Yes

___ No

N/A

Safety Plan Evaluation

a. Was the Safety Plan Adequate?

X Yes

___ No

b. What changes would you recommend?

Prepared by:

Reviewed by:

Team Leader:

Approved by:

(b) (4)

4/21/87